



## Missouri Pharmacy Program – Preferred Drug List



***Beta Adrenergic Agents –Nebulized:***  
***Effective 12/15/2004***  
***Revised 07/05/2007***

### **Preferred Agents**

- Albuterol Sulfate
- Metaproterenol Sulfate

### **Non-Preferred Agents**

- Accuneb®
- Xopenex®
- Proventil® Solution

### **Approval Criteria**

Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent.  
Documented ADE/ADR to preferred agents.  
Documented compliance on current therapy regimen.  
Compliance screened transparently over previous six months

### **Denial Criteria**

Lack of adequate trial on required preferred agent.  
Therapy will be denied if no approval criteria are met.  
Drug Prior Authorization Hotline: (800) 392-8030